

Routine Vaccine Handling and Storage Template

Practice Name: _____

Date: _____

Person Completing Form: _____

These are guidelines to follow in developing routine vaccine handling plans. They should be posted near your storage unit or where they can be easily accessed. **All office staff, including the janitor and security guard, should know the standard procedure to follow and where/how the individual vaccines are to be stored.**

Routine Vaccine Handling/Storage Plan

- Designate two people responsible for routine vaccine storage and security (*keep current as staff changes*)
- Maintain proper temperature for storage of vaccine.

Unit	Fahrenheit (F)	Celsius (C)
Refrigerator	35° - 46° F	2 - 8° C
Freezer	5° F or colder	-15° C or colder

1. Accept vaccine deliveries

NAME	TITLE
Primary	
Back-Up	

2. Immediately unpack received vaccines, assure vaccines have been kept at recommended temperature and store at proper temperature

NAME	TITLE
Primary	
Back-Up	

3. Monitor temperatures and record twice a day, morning and evening (*see temperature log*)

NAME	TITLE
Primary	
Back-Up	

4. Maintain ongoing file of temperature logs

NAME	TITLE
Primary	
Back-Up	

5. Conduct monthly inventory counts

NAME	TITLE
Primary	
Back-Up	

6. Store and rotate vaccines according to expiration dates and use vaccines with the shortest expiration dates first. If vaccines are within 90 days of expiration and will not be used, contact the Kansas VFC Program.

NAME	TITLE
Primary	
Back-Up	

7. Label VFC vaccines and store separately from private stock

NAME	TITLE
Primary	
Back-Up	

8. Order vaccines quarterly

NAME	TITLE
Primary	
Back-Up	

9. Review current guidelines for vaccine handling of individual vaccines quarterly

DATE	NAME	TITLE
	Primary	
	Backup	

10. Responsible for keeping refrigerator/freezer alarm system in working order:

Dates of “drills”

DATE	NAME	TITLE	HOME PHONE
	Primary		
	Back-Up		

11. Responsible for keeping phone numbers up-to-date used in the Alarm/Notification System:

NAME	TITLE	HOME PHONE
Primary		
Back-UP		

Update/ Review date:_____

Person reviewing:_____

07/04